

**COPY OF PAPERS
ORIGINALLY FILED**

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/909,740
Filing Date	July 20, 2001
First Named Inventor	Ladouceur, Dave
Group Art Unit	2171
Examiner Name	TBA
Attorney Docket Number	4622-123US

I hereby appoint:

☒ Practitioners at Customer Number →

OR

☒ Practitioner(s) named below:

*Place Customer
Number Bar Code
Label here*

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik				
Address	Mathews, Collins, Shepherd & Gould P.A.				
Address	100 Thanet Circle, Suite 306				
City	Princeton	State	NJ	ZIP	08540-3674
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name **Bruce Bacon**

Signature 

Date **10/25/01**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**COPY OF PAPERS
ORIGINALLY FILED**

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/909,740
Filing Date	July 20, 2001
First Named Inventor	Ladouceur, Dave
Group Art Unit	2171
Examiner Name	TBA
Attorney Docket Number	4622-123US

I hereby appoint:

☒ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik				
Address	Mathews, Collins, Shepherd & Gould P.A.				
Address	100 Thanet Circle, Suite 306				
City	Princeton	State	NJ	ZIP	08540-3674
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Mike She

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.